

06/21/00

JC854 U.S. PTO

PATENT APPLICATION TRANSMITTAL
(Only for new non-provisional applications under 37 CFR 1.53(b))Attorney Docket No.
DM-6999-A

#7/A

First Named Inventor or Application Identifier

Milind Rajopadhye

VITRONECTIN RECEPTOR ANTAGONIST
PHARMACEUTICALS

Express Mail Label No.

EL502309120US

Express Mailing Date

June 21, 2000

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent applications contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee (Authority to charge deposit account below.)
(Submit an original, and duplicate for fee processing)
2. ☒ Specification [Total Pages 357]
(preferred arrangement set forth below)
- Descriptive title of the invention
 - Cross Reference to Related Application (if needed)
 - Statement Regarding Fed sponsored R&D (if needed)
 - Reference to Microfiche Appendix (if needed)
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claims [Total Claims 75]
 - Abstract of the Disclosure
3. ☐ Drawing(s) (35 USC 113 [Total Pages ☐]
4. ☒ Oath or Declaration [Total Pages 2]
- a. ☒ Unexecuted (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d)
(for continuation/divisional with Box 14 completed)
 - i. ☐ **DELETION OF INVENTORS**
Signed Statement below at 15 deleting
inventor(s) named in the prior
application
see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation by Reference (useable if Box 4b is
The entire disclosure of the prior application,
from which a copy of the oath or declaration is
supplied under Box 4b, is considered as being
part of the disclosure of the accompanying
application and is hereby incorporated by
reference therein.
6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submissions
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies
8. ☒ Power of Attorney
9. ☐ Information Disclosure Statement (IDS) Cover Letter plus PTO-1449
10. ☒ Preliminary Amendment
11. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
12. ☐ Certified Copy priority Document(s)
(if foreign priority is claimed)
13. ☐ Other
14. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) f prior Application No.: 09/466,588
15. ☐ **DELETION OF INVENTOR(S) STATEMENT:** This application is being filed by less than all the inventors named in the prior application. In accordance with 37 CFR 1.63(d)(2) and 1.33(b), the Assistant Commissioner is requested to delete the number(s) of the following person or persons who are not inventors of the invention being claimed in this application:
16. ☒ Amend the specification by inserting before the first line the sentence:
-- This is a continuation-in-part of Application No. 09/466,588, filed 12/17/99, which is now pending, which in turn claims the benefit of U.S. Provisional Application No. 60/112,829, filed December 18, 1998.. --
17. ☐ Cancel in this application original claims ___ of the prior application before calculating the filing. (At least one Original independent claim must be retained for filing purposes.)
18. ☐ Priority of foreign Application No. _____ filed on _____ in _____
_____ is claimed under 35 U.S.C. 119.
(country)

ACCOMPANYING APPLICATION PARTS

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09/599890

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CLAIMS	(1) FOR	(2) NUMBER FIELD	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	75 - (20) =	55	x \$ (18)	\$1350.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 - (3) =	1	x \$ (78) =	78.00
	MULTIPLE DEPENDENT CLAIM(S) (if applicable)			= \$270 =	
				BASIC FEE (37 CFR 1.16(a))	\$690.00
				TOTAL =	\$2,118.00

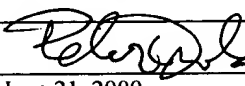
19. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 04-1928:

a. ☒ Fees required under 37 CFR 1.16.

b. ☐ Fees required under 37 CFR 1.17

20. ☐ Other:

21. CORRESPONDENCE ADDRESS					
NAME	Peter L. Dolan				
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CITY	Wilmington	STATE	Delaware	ZIP CODE	19898
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22. SIGNATURE OF ATTORNEY OR AGENT REQUIRED		
NAME	Peter L. Dolan	REG. NO.: 46,307
SIGNATURE		
DATE	June 21, 2000	